



# **MaineCare-Funded Child Psychiatric Hospital Summary Report**

**2008**

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## MaineCare-Funded Child Psychiatric Hospital Summary Report 2008

2008 was the first full year that the Maine Behavioral Health ASO operated by APS Healthcare conducted prior authorization and utilization review for MaineCare-funded Child Psychiatric Hospital services.

This report examines

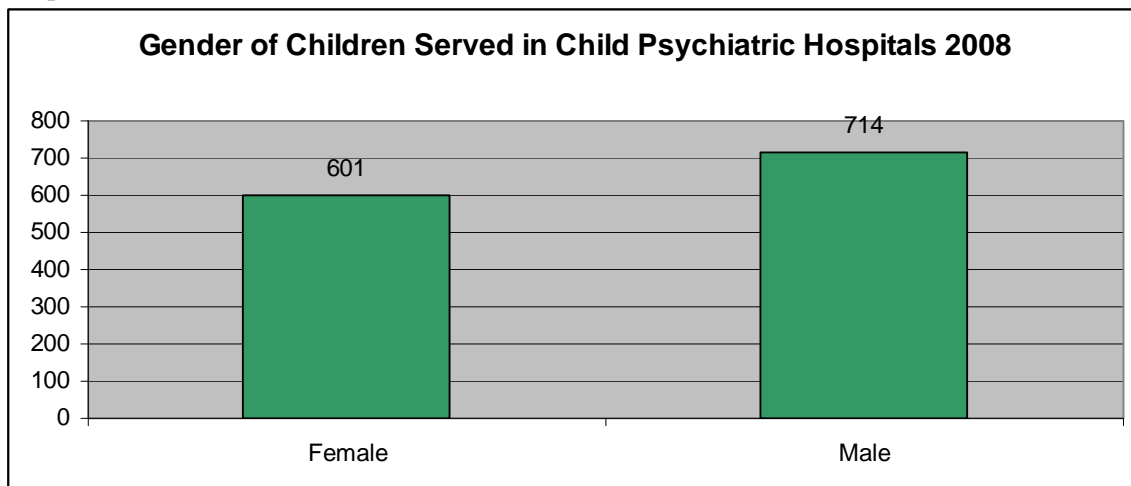
- Characteristics of the children who received services;
- Statewide distribution of service delivery;
- A closer look at the hospitals; and
- Outcomes of treatment.

Ten hospitals in Maine provided child psychiatric hospital services to 1,315 children (unduplicated count) in 2008. Three hospitals provided 95% of the MaineCare funded child psychiatric hospital services (1,247 of 1,315). Spring Harbor Hospital served 552, Acadia Hospital served 455 and St Mary’s Hospital served 240.

### Characteristics of the Children Who Receive Services

- 1315 unduplicated count of consumers were authorized to receive MaineCare-funded child psychiatric hospital services in 2008
- 46% (601) are female and 54% (714) of these children are male (Graph 1).
- Average age of authorized consumers is 15; minimum age is 4, maximum is 20.

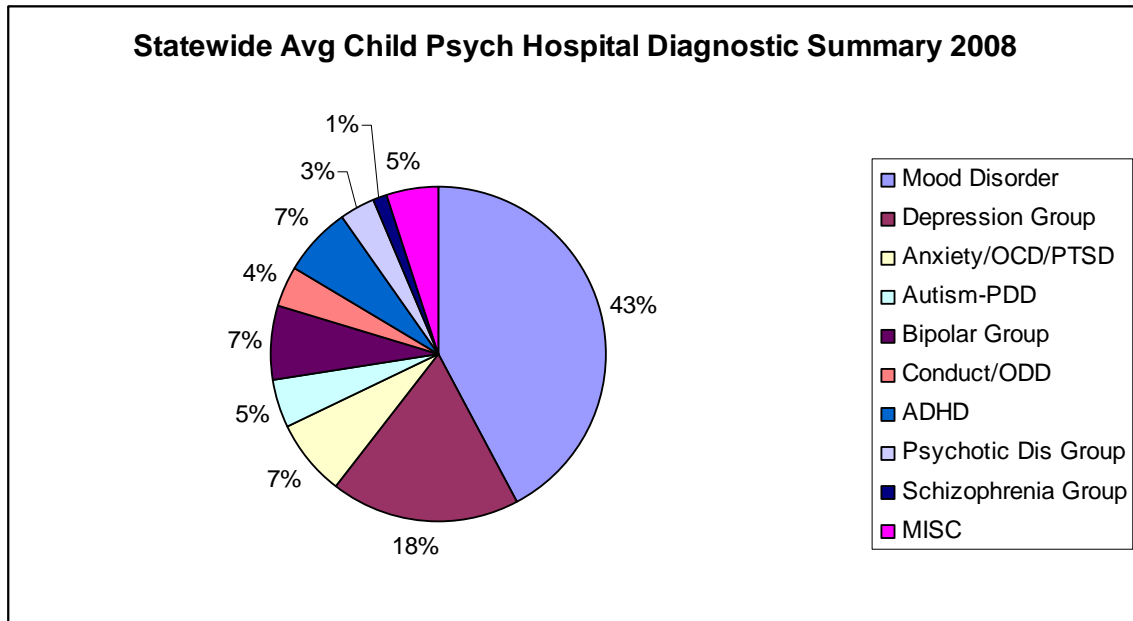
Graph 1





- 43% of children were diagnosed with Mood Disorder and 18% with a Depression diagnosis. The following three most common diagnoses are Anxiety/OCD/PTSD (7%), Bipolar Diagnoses (7%) and ADHS (7%) (Graph 2).

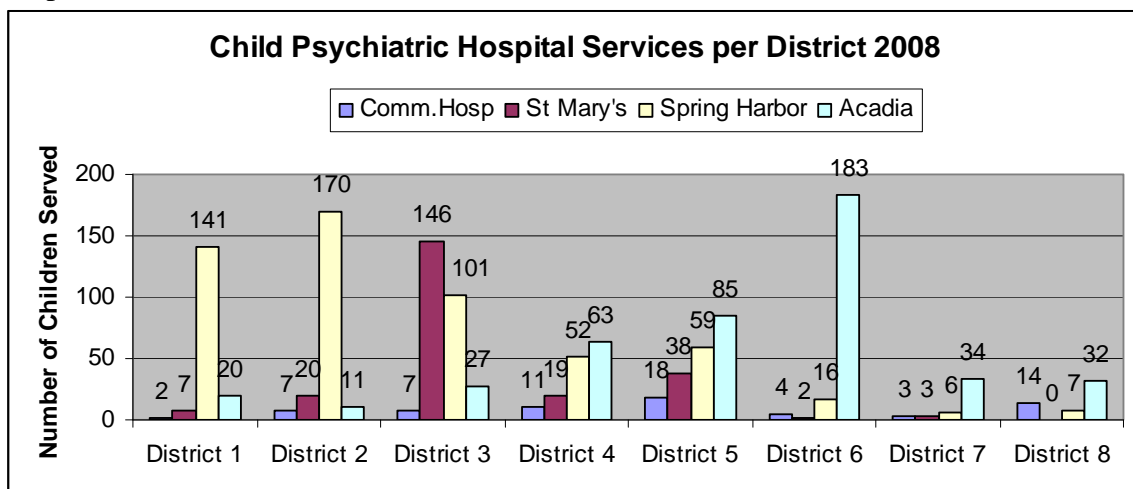
Graph 2



**Statewide Distribution of Service Delivery**

- Most Children served live in Districts 1, 2, 3 and 6. Acadia Hospital is located in District 6, St Mary’s Hospital is in District 3 and Spring Harbor Hospital is in District 2. See Graph 3.
- Community Hospitals (labeled “Comm. Hosp” in Graph 3) include Maine General; Northern Maine Medical Center; PenBay Hospital and Southern Maine Medical Center.

Graph 3



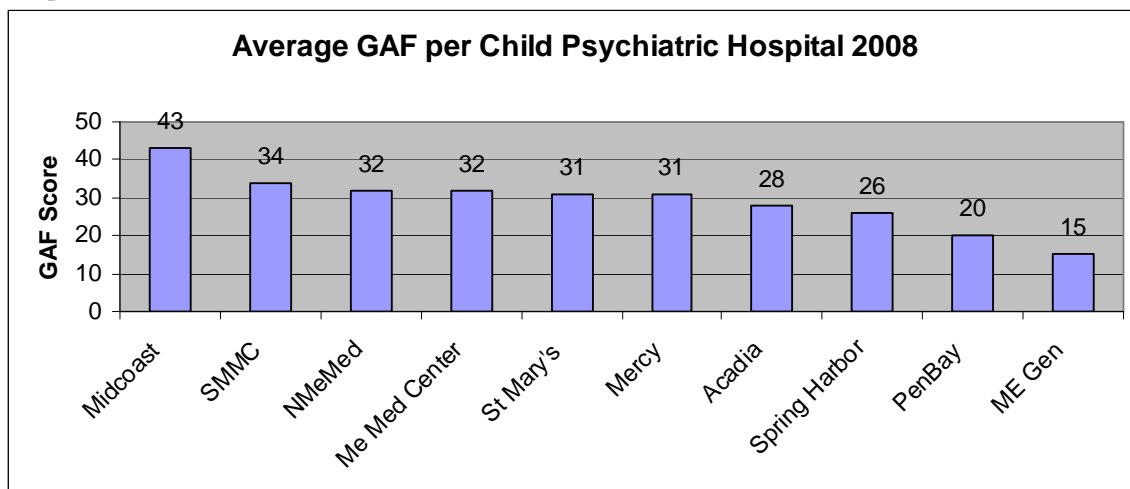
This table displays the district in which each hospital is located and the total number of children served by each hospital in 2008.

District Location of Hospital	Hospital	# of Beds	# Served
District 1-York	SMMC	12	6
District 2-Cumberland	Midcoast Hospital	12	4
District 2-Cumberland	Me Medical Center	2	1
District 2-Cumberland	Mercy Hospital	22	1
District 2-Cumberland	Spring Harbor Hospital	96	552
District 3-Western	St Mary's Hospital	26	240
District 4-Midcoast	PenBay Hospital	18	9
District 5-KennSom	Maine General Hospital	36	33
District 6-Penquis	Acadia Hospital	72	455
District 8-Aroostook	No. Maine Med Center	7	14

### A Closer Look at the Hospitals

- The average Global Assessment of Functioning (GAF) Score for children authorized to receive child psychiatric hospital services in 2008 is 28. This score corresponds to the following GAF level (from the DSM-IV-TR): "Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communications or judgment OR inability to function in all areas".
- The average GAF per Hospital ranged from a low of 15 (Maine General) to a high of 43 (Midcoast Hospital) See Graph 4.

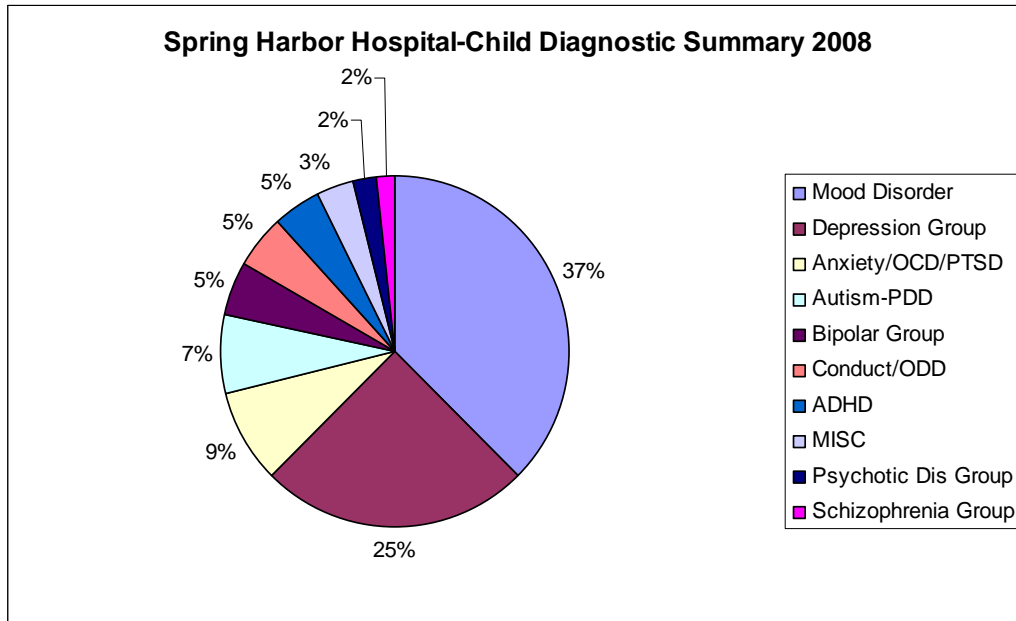
Graph 4





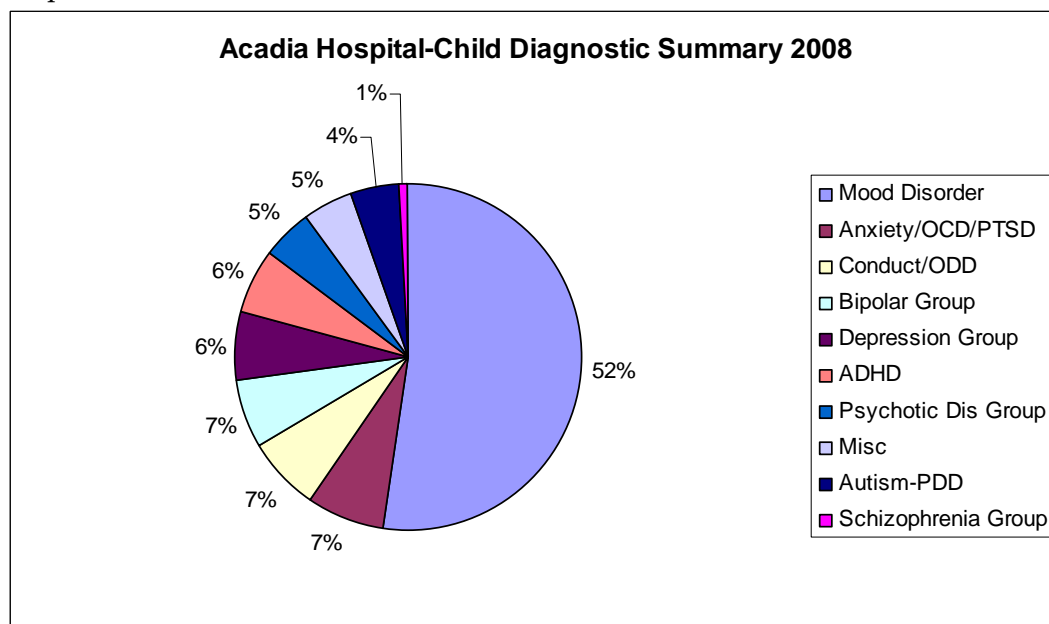
- 71% of the children authorized at Spring Harbor Hospital for MaineCare-funded child psychiatric hospital services had a diagnosis in one of these three diagnostic groups: Mood Disorder, Depression and Anxiety/OCD/PTSD Groups (Graph 5).

Graph 5



- ✓ 52% of the children authorized at Acadia Hospital had a diagnosis in the Mood Disorder diagnostic group. The next three most common diagnostic groups (at 7% each) are Anxiety/OCD/PTSD diagnoses, Conduct Disorder/ODD and Bipolar diagnoses. (Graph 6).

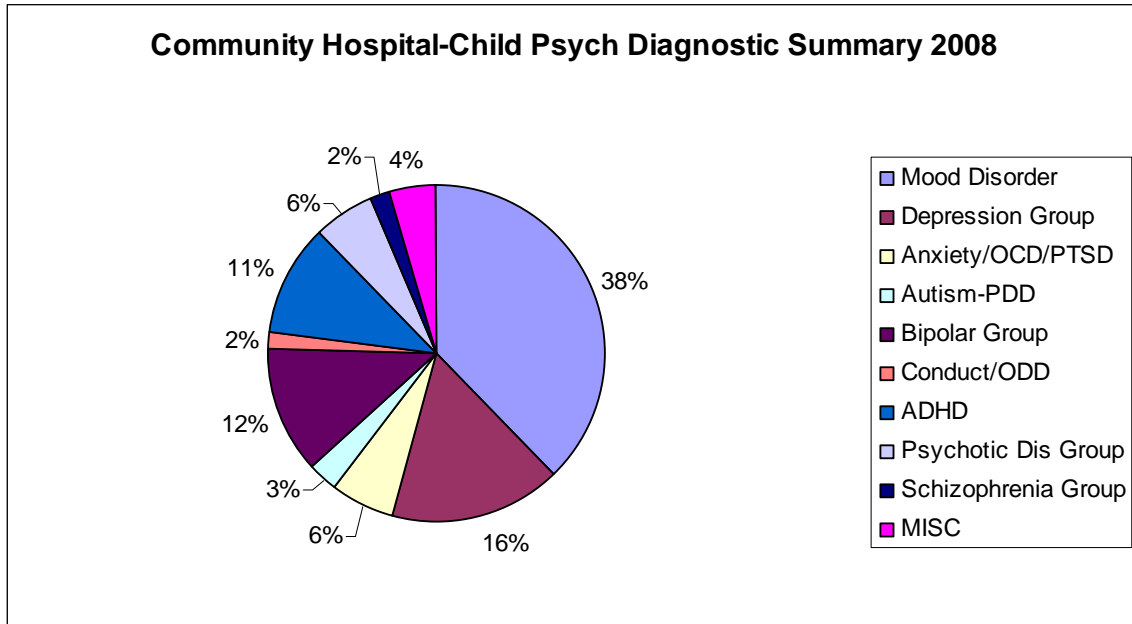
Graph 6





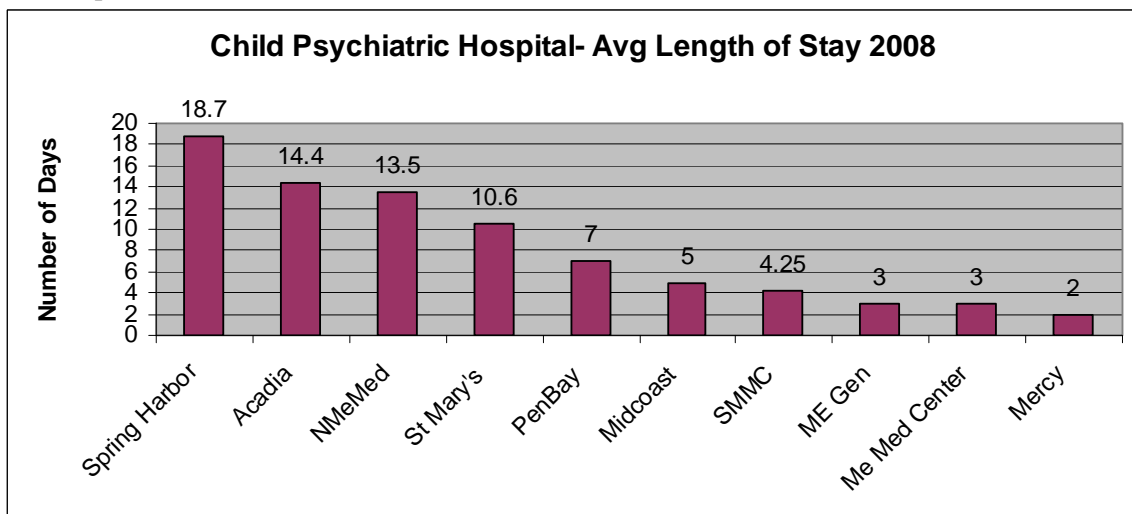
- ✓ 66% of the children authorized at community hospitals for MaineCare-funded child psychiatric hospital services had a diagnosis in one of these three diagnostic groups: Mood Disorder, Depression and Bipolar Groups (Graph 7).

Graph 7



- The Average length of stay for children receiving MaineCare-funded psychiatric hospital services in 2008 varies from 2 days (Mercy) to 18.7 days (Spring Harbor). Please note that the Length of Stay data for Spring Harbor Hospital includes length of stay information from Spring Harbor's Developmental Disorders unit. This unit typically has a longer length of stay than the behavioral health inpatient units. See Graph 8.

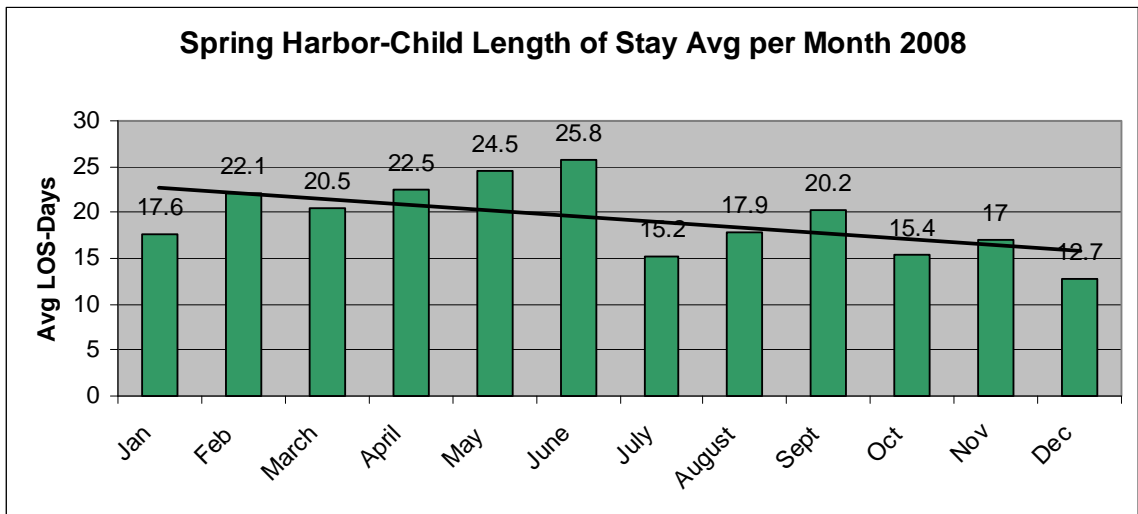
Graph 8





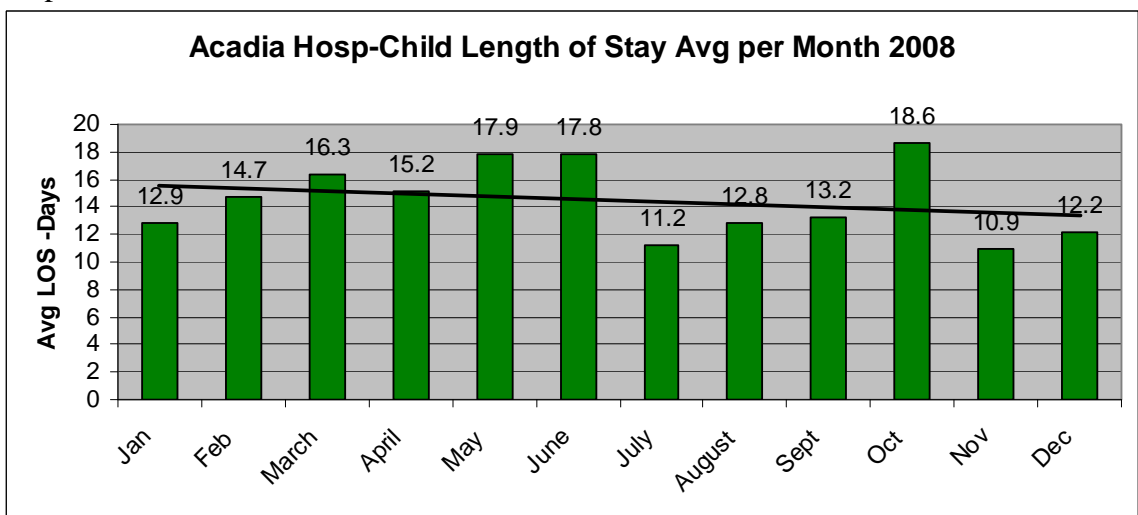
- The Average length of stay for children at Spring Harbor Hospital decreased through 2008 from a first quarter average of 20 days to a fourth quarter average of 15 days. See Graph 9 for the monthly average length of stay and trendline.
- This represents a decrease of average length of stay of 25% from the first to the last quarters in 2008. This decrease is statistically significant (P value = 0.0087)

Graph 9



- The Average length of stay for children at Acadia Hospital showed a small decrease through 2008 from a first quarter average of 14.6 days to a fourth quarter average of 13.9 days. See Graph 10 for the monthly average length of stay and trendline.
- This represents a decrease of average length of stay of 5% from the first to the last quarters in 2008.

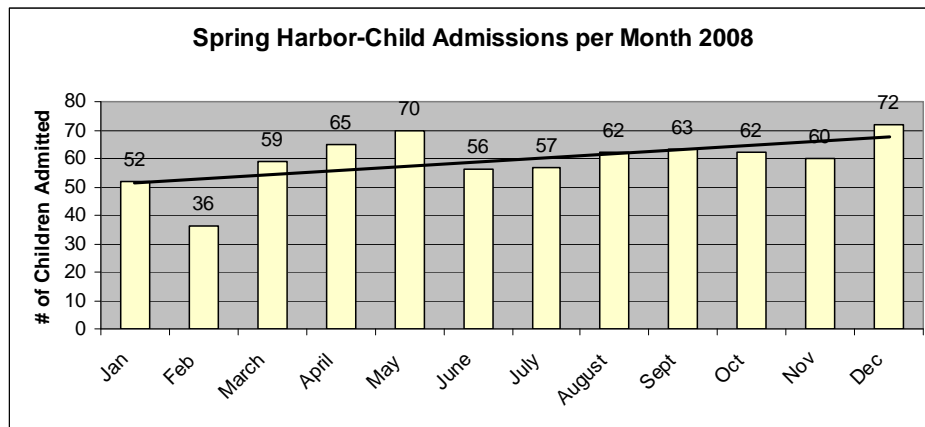
Graph 10



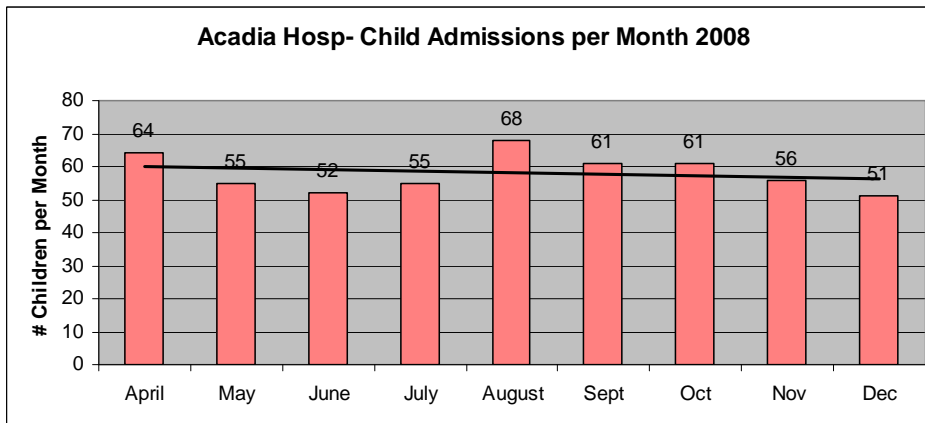


- Monthly admissions to child psychiatric hospital services increased for both Spring Harbor Hospital and St Mary Hospital in 2008. Monthly admissions to Acadia Hospital did not change significantly (Graphs 11, 12 and 13)
- Average monthly admissions were: Spring Harbor Hospital-59.5; Acadia Hospital-60.6; St Mary's Hospital-31
- Time periods for each graph vary as Hospitals phased into the ASO process.

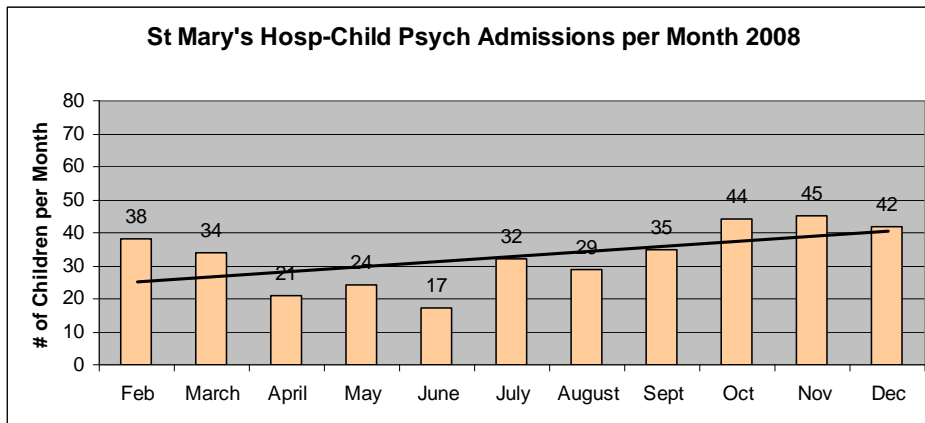
Graph 11



Graph 12



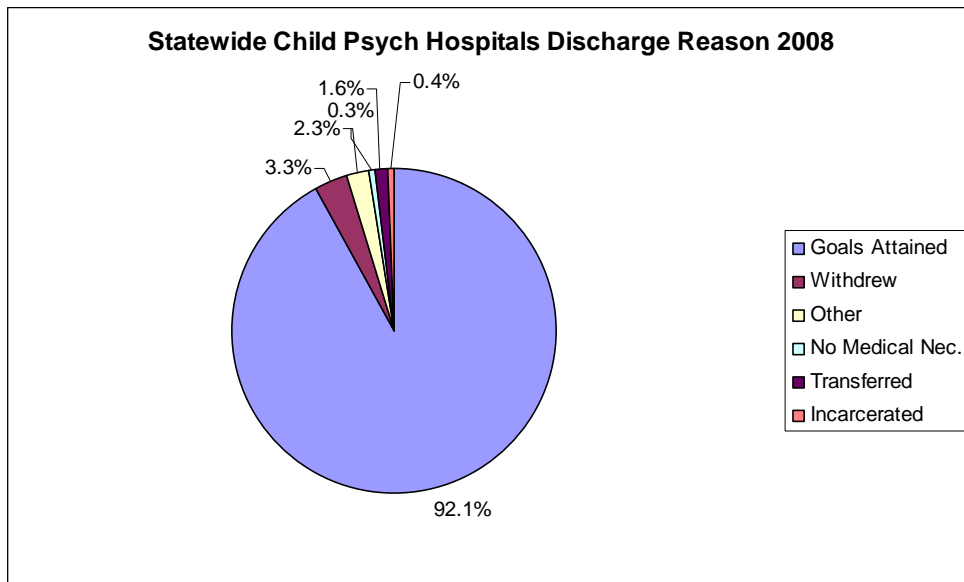
Graph 13



### Outcomes of Treatment

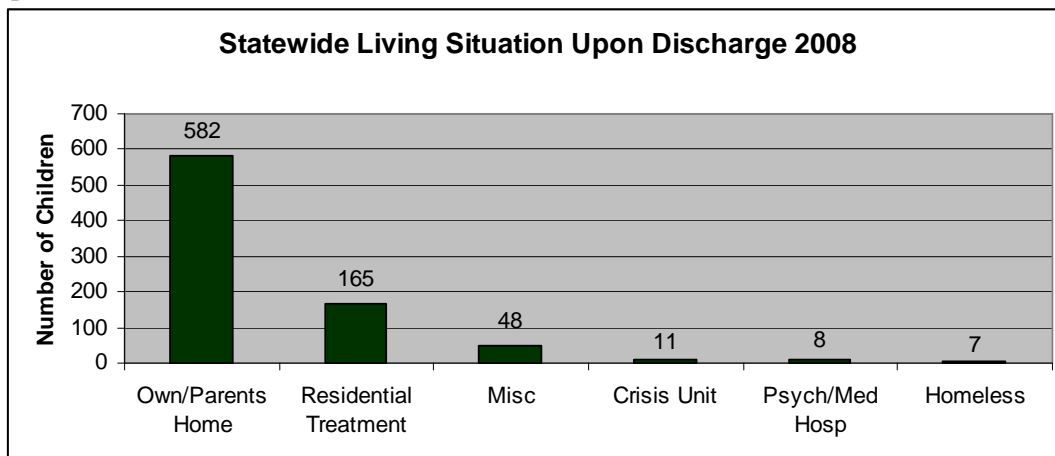
- “Reason for Discharge” is reported by providers when the child is discharged from child psychiatric hospital services.
- Across all hospitals, “Goals Attained” by the Consumer was the reason for an average of 92.1% (1,323 out of 1,437) of the discharges (Graph 14).

Graph 14



- “Living Situation Upon Discharge” is reported by providers when the child is discharged from child psychiatric hospital services. Data collection for this element began mid-year 2008 resulting in only 821 reports of living situation upon discharge.
- 71% (582 of 821) were living in their own or parents’ home upon discharge. 20% (165 of 821) were discharged to residential settings. The remaining 9% (73 of 821) were living in a variety of situations.

Graph 15



## **Conclusions**

The Maine Behavioral Health ASO operated by APS Healthcare was effective in conducting utilization review of MaineCare-funded Child Psychiatric Hospital Services. The benefits of the ASO are both in effectively managing service utilization and providing detailed clinical, demographic and outcome data about these Services. The service data forms the basis for quality improvement initiatives by DHHS, APS Healthcare and Child Psychiatric Hospital Service providers.

### ➤ **Utilization Management- “Right Service, Right Amount of Service, Right Length of Time”**

Average lengths of stay decreased 25% for Spring Harbor Hospital and 5% for Acadia Hospital from the first to the last quarter in 2008. The decrease in length of stay at Spring Harbor Hospital is statistically significant ( $P$  value = 0.0087) and suggests that the utilization management system may have been effective in focusing clinical service delivery to best align with the needs of the consumer. This decrease in authorized services occurred with an initial denial rate of only 0.32% (9 initial denials out of 2,816 requests) for Spring Harbor Hospital and 0.45% (12 out of 2,649) for Acadia Hospital. APS Healthcare relies on intensive, collaborative work conducted by APS Healthcare care managers to impact service delivery, rather than the use of high denial rates.

### ➤ **Who Are the Consumers of Child Psychiatric Hospital Services?**

Data derived from the APS Healthcare utilization management system allows an understanding of the consumers who receive child psychiatric hospital services. 54% of the children are male, 46% female. Children receiving these services have an average age of 15 and the ages range from 4 to 20. 29% (381) of the children live in District 3 (Androscoggin, Franklin and Oxford Counties) closely followed by 16% (208) in District 2 (Cumberland County) and 16% (205) in District 6 (Penobscot & Piscataquis Counties).

### ➤ **Understanding Consumer Outcomes at Time of Discharge**

A key goal of all behavioral health services is that consumers discharge from services having achieved their goals. The hospitals report that 92% of discharged children have attained their goals. Another goal of service is that consumers will discharge from the service into their own home (as opposed to an institutional setting, shelter etc.). 71% of discharges with this data provided were discharged to their own dwelling. 20% of children served were discharged to a residential treatment setting.